



**P R O V I D E R   B U L L E T I N**

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**To: All Providers**

**Subject: October 1, 2004, Quarterly Update to the Healthcare  
Common Procedure Coding System Codes**

## Overview

The purpose of this bulletin is to introduce the October 1, 2004, quarterly update to the national Healthcare Common Procedure Coding System (HCPCS) codes that will be added to the IndianaAIM claims processing system. The new HCPCS codes are identified in Table 1 by code, description, prior authorization (PA) requirements, allowed modifiers, and coverage status. The national codes that were deleted, according to the October 1, 2004, quarterly update to the HCPCS codes, are identified in Table 2 with the replacement code(s) that should be used, when appropriate. The national codes that had description changes will be updated in the system. If there are any questions about the contents of this bulletin, please contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

## New 2004 Quarterly HCPCS Codes

Program coverage and pricing determinations for the new codes were systematized and became reimbursable on October 1, 2004. Effective October 1, 2004, providers must bill in accordance with the covered codes listed in this bulletin. The IHCP will deny claims submitted prior to October 1, 2004, with new covered codes listed herein. The standard global billing procedures and edits will apply when using the new codes.

*Note: As used in the following tables, non-covered indicates that the IHCP does not cover the service described in the code; non-reimbursable indicates that the service described in the code is either billable under another code, or is part of global billing.*

Table 1 – New 2004 Quarterly HCPCS Codes, Reimbursable October 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
C9218	Injection, azacitidine, per 1 mg	Not Applicable for all Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
C9219	Mycophenolic acid, oral, per 180 mg	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
C9717	Hemorrhoidopexy, complex or extensive, by a circular stapler	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
G0329	Electromagnetic therapy, to one or more areas for chronic stage III or IV pressure ulcers, arterial ulcers, diabetic ulcers and venous ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
S0109	Methadone, oral, 5mg	Not Applicable for All Programs, Not Applicable for Package C		Non-Reimbursable for All Programs, Non-Reimbursable for Package C
S0166	Injection, olanzapine, 2.5 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0167	Injection, apomorphine hydrochloride, 1 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0168	Injection, azacitidine, 100 mg	No for All Programs, No for Package C		Covered for All Programs, Covered for Package C
S0515	Scleral lens, liquid bandage device, per lens	Not Applicable for All Programs, Not Applicable for Package C		Non-Reimbursable for All Programs, Non-Reimbursable for Package C

(Continued)

Table 1 – New 2004 Quarterly HCPCS Codes, Reimbursable October 1, 2004

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
S2215	Upper gastrointestinal endoscopy, including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection of implant material into and along the muscle of the lower esophageal sphincter for treatment of gastroesophageal reflux	Not Applicable for All Programs, Not Applicable for Package C		Non-Covered for All Programs, Non-Covered for Package C
S8093	Computed tomographic angiography, coronary arteries, with contrast material(s)	No for All Programs, No for Package C	26, TC	Covered for All Programs, Covered for Package C
S9097	Home visit for wound care	Not Applicable for All Programs, Not Applicable for Package C		Non-Reimbursable for All Programs, Non-Reimbursable for Package C

## Deleted 2004 Quarterly HCPCS Codes

Effective October 1, 2004, the HCPCS replacement codes listed in Table 2 must be used. Claims submitted with dates of service after September 30, 2004, with deleted codes will deny.

Table 2 – Deleted 2004 Quarterly HCPCS Codes, Effective September 30, 2004

Procedure Code	Description	Replacement Code
C9408	Supply of radiopharmaceutical diagnostic imaging agent, fluorodeoxyglucose f18 (2-deoxy-2-[18f]fluoro-d-glucose), brand name, per dose (4-40 mci/ml)	This is a non-covered code under the IHCP. No replacement code is necessary.
C9416	BCG (intravesical) per instillation, brand name	This is a non-covered code under the IHCP. Bill using IHCP covered code J9031.
C9434	Supply of radiopharmaceutical diagnostic imaging agent, gallium Ga 67, brand name, per mci	This is a non-covered code under the IHCP. Bill using IHCP covered code Q3002.
S2370	Intradiscal electrothermal therapy, single interspace	This is a non-covered code under the IHCP. No replacement code is necessary.
S2371	Each additional interspace (List separately in addition to code for primary procedure)	This is a non-covered code under the IHCP. No replacement code is necessary.

## Changed 2004 Quarterly HCPCS Codes

The Centers for Medicare and Medicaid Services (CMS) issued description changes in the October 1, 2004, quarterly update to the HCPCS codes. The October 1, 2004, quarterly update to the HCPCS code description changes will be added to the IndianaAIM claims processing system October 1, 2004.

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